

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Murphy Vogel Askew Reilly LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 17 / 2016</b>	
Mailing Address <b>1199 N Fairfax St Ste 220</b>		Amount <b>10401.95</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-1437</b>	Transaction ID : <b>VN7GDA17FJ0</b>
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Salud Carbajal</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>24</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>119109.13</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Murphy Vogel Askew Reilly LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 17 / 2016</b>	
Mailing Address <b>1199 N Fairfax St Ste 220</b>		Amount <b>8824.59</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314-1437</b>	Transaction ID : <b>VN7GDA17FK7</b>
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate <b>Salud Carbajal</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>24</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>119109.13</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>19226.54</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Alixandria Lapp*

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 18 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">17</span> / <span style="border: 1px solid black; padding: 2px;">2016</span>	
Mailing Address 3050 K St NW Ste 100		Amount <span style="border: 1px solid black; padding: 2px;">57380.00</span>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA17912
Purpose of Expenditure Television Advertising	Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Name of Federal Candidate Salud Carbajal		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">119109.13</span>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Mailing Address		Amount <span style="border: 1px solid black; padding: 2px;"></span>	
City	State	Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure	Category/ Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">57380.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">76606.54</span>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Alixandria Lapp

[Electronically Filed]

Date

05 / 18 / 2016

Signature